

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA55976 STATE # EU2109 :
(Inmate Number)PLACIDE SEGUERRE
(Name of Plaintiff)3400 CONCORD ROAD YORK, PA.
(Address of Plaintiff)

(Case Number)

vs.

DR KRAK, DR KANTOR

MR CHARLES ROSSI - MEDICAL

ADMINISTRATOR OF GREENE COUNTY PRISON
(Names of Defendants) WAYNESBURG, P.A.

COMPLAINT

1: CV01-1209
FILED REC'D
HARRISBURG

OCT 18 2000

MARY E. D'ANDREA, CLERK

Per DEPUTY CLERK

TO BE FILED UNDER: 42 U.S.C. § 1983 - STATE OFFICIALS
28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

FILED
SCRANTON

JUN 29 2001

PER

DEPUTY CLERK

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?
-
- ☒
- Yes
- ☐
- No
-
- B. Have you filed a grievance concerning the facts relating to this complaint?
-
- ☒
- Yes
- ☐
- No

If your answer is no, explain why not

- C. Is the grievance process completed?
- ☒
- Yes
- ☐
- No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant DOCTOR KRAK , DOCTOR KANTOR is employed as DENTIST at GREENE COUNTY FACILITY (SCI)
- B. Additional defendants MR CHARLES ROSSI - MEDICAL ADMINISTRATOR
AT THE MEDICAL FACILITY OF GREENE COUNTY PRISON AT WAYNESBURG
PENNSYLVANIA - AND THE DEPARTMENT OF STATE, BUREAU OF PROFESSIONAL
AND OCCUPATIONAL AFFAIRS, HARRISBURG. (DEPARTMENT OF CORRECTIONS)

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. WHILE I WAS AN INMATE AT THE GREENE COUNTY PRISON I PUT IN
A MEDICAL SLIP IN TO HAVE MY TOOTH CLEANED, ON 5/5/98. THE NURSE
WHO HAD SEEN ME TOLD ME I NEED A ROOT CANAL DONE ON MY TOOTH.
AN APPOINTMENT WAS SCHEDULED WITH DR KRAK TO HAVE THE ROOT CANAL
2. DONE. DURING THE PROCEDURE OF HAVING THE ROOT CANAL DONE DR KRAK
HAD CRACKED MY TEETH AND HAD PUT A FILLING IN IT, WITHOUT AN
EXPLANATION THAT THE PROCEDURE HAD GONE WRONG. I WAS SENT BACK IN A
VERY SERIOUS PAIN. ANOTHER SICK CALL SLIP WAS PUT IN ON MAY 7TH 1998
AND I WAS CALLED UPON BY DR KRAK WHO LATER TOLD ME THAT THE TOOTH HE
HAD FILLED WAS DAMAGED. I WAS IN HIS OFFICE FROM 1302 HOURS TO
3. 2026 HOURS - (MILITARY TIME). WHILE HE WAS TRYING TO PULL ANOTHER TOOTH
OUT. HE, DR KRAK HAD BROKEN ANOTHER TOOTH WHICH HE COULD NOT TAKE OUT
HE GAVE ME AN OVERDOSE OF MEDICATION WHILE TRYING TO PULL THE TOOTH
OUT WHICH HE HAD BROKEN. HE LEFT A PART OF THE BROKEN TOOTH AND
SENT ME OUT TO AN OUTSIDE DENTIST, ^{AFTER 3 DAYS} TO HAVE THE REST OF THE TOOTH
OUT. AFTER DOCTOR KRAK CANNOT FIX THE TOOTH HE DESIGNATED DR
KANTOR - TO THE 100 AND DR KANTOR - TO THE 100 AND DR KANTOR - TO THE 100

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I WOULD WANT THE COURT TO HAVE THEM PAY FOR THE DAMAGES
THAT WAS DONE TO MY TOOTH. MOST OF MY UPPER TOOTH WERE ^{GONE} ~~DONE~~
AND THE FALSE WHICH DOES NOT FIT MY MOUTH. WHILE I WAS TRANSFERRED
TO THE INS CUSTODY ON 10/19/99. THEY COULD NOT FACE THE PROBLEM
AND THUS MOVED ME TO A FEDERAL DETENTION UNDER THE INS.
2. THE FALSE TEETH WAS TAKEN TO YORK COUNTY ~~PRISON~~ MEDICAL PRISON WHERE
IT WAS LATER CONSIDERED NOT TO FIT MY TOOTH.
I WOULD LIKE THE COURT TO ORDER THEM TO FIX THE PROBLEM WITHOUT
ANGUISH AND SUFFERING. AND IF THE SUFFERING CONTINUED THEY SHOULD
BE ORDERED TO PAY FOR THE DAMAGES AND SUFFERING.
3. I WOULD WANT THE COURT TO ORDER THEM TO PAY THE MEDICAL
BILLS FOR AN OUTSIDE DOCTOR WHO COULD FIX THE PROBLEM. I WOULD
WANT THE COURT TO CONTACT YORK COUNTY PRISON TO VERIFY THE
PROBLEM.

Signed this 16TH day of OCTOBER, 192000.

Seawee Placide
 (Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

16TH OCT, 2000.
 (Date)

 (Signature of Plaintiff)

EXHIBIT A.

18

(July 23, 1999) I AM REQUESTING, IF IT IS NOT TOO LATE TO FILE A CIVIL ACTION FROM THE DATE HEREIN.

Serguerre Placide, No. CU-2109
1040 E. Roy Furman Hwy
Waynesburg, PA 15370-8090

Connor Blaine,
Superintendent
State Correctional Institution
at Greene
1040 E. Roy Furman Hwy
Waynesburg, PA 15370-8090

FILED
SCRANTON

JUN 29 2001

PER 
DEPUTY CLERK

Re: Grievance No. GRN-0315-99
Second Level Appeal

1: CV01-1209

Dear Superintendent Blaine:

Please accept this letter as an appeal from the initial review of the above grievance.

1. On 4-8-99, I filed a grievance about the deliberate indifference to medical needs. Specifically, I complained that as a result of Dr. Kantor's malfeasance and incompetence, I experienced severe pain, a loosened tooth. As a result of Dr. Krak's incompetence, I was referred to an outside specialist to correct the negligence of Dr. Krak. However, instead of being treated by the specialist, Dr. Krak treated me again. And again, I experienced excruciating pain and a partially chipped tooth.
2. After complaining to Ms. Mears that I did not receive a response to the above grievance, on July 16, 1999, Ms. Mears sent me a copy of the response, which was dated May 11, 1999. The person responding to my grievance claimed that "these allegations are unfounded and this grievance resolved."
3. I object to these so-called findings in that (a) I was never interviewed or questioned, (b) there is documented evidence to support my claim that Dr. Krak's care was substandard and grossly malfeasant, (c) the grievance respondent is not qualified in this area and has no way of knowing whether or not my claims are valid or invalid.

Based on the above, I request to be treated by an outside specialist. Dr. Krak is incompetent and cannot treat me. I await your kind reply. Thank you.

Sincerely,

ADDITIONAL SHEET.

THEY DR KRAK, DR BALTA WHO IS AN OUTSIDE DR AS WELL AS DR KANTOR
COULD NOT DO THE JOB RIGHT. DR BALTA PULLED THREE OF MY TOOTH OUT
WHICH LEFT ME WITH NO UPPER TOOTH. ON THREE DIFFERENT TIME.

ANYTIME A PROBLEM ARISES THE DR BALTA WILL PULL OUT ANOTHER TOOTH
THIS WAS AN ONGOING EVENT THAT IS IMMINENT TO MY MEDICAL
INDIFFERENCE TO MY MEDICAL NEEDS. ANY TIME THE TOOTH IS PULLED
OUT, THE DOCTOR AFTER MESSING, WILL WAIT ~~THE~~ COUPLE OF DAYS BEFORE
SENDING ME OUTSIDE.

I AM FILING A LEGAL CIVIL ACTION AGAINST DR KANTOR
DR, KRAK, ~~DR~~ ~~B~~ MR CHARLES ROSSI AN ADMINISTRATOR OF THE
PRISON MEDICAL DEPARTMENT, AS WELL AS THE COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT OF CORRECTION (SCI GREENE).

1 : CV01-1209